GOLDEN AGE NURSING HOME

720 EAST KINGS ROAD

TOMAHAWK 54487 Phone: (715) 453-2164		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	72	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	105	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	61	Average Daily Census:	61

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis.	of Residents (	12/31/03)	Length of Stay (12/31/03)	ે
Home Health Care	No	Primary Diagnosis		Age Groups	용		23.0
Supp. Home Care-Personal Care	No			1		1 I ICUID	27.9
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	18.0		31.1
Day Services	Yes	Mental Illness (Org./Psy)	37.7	65 - 74	9.8		
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	34.4		82.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	31.1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	6.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	1.6	65 & Over	82.0		
Transportation	No	Cerebrovascular	14.8			RNs	10.8
Referral Service	Yes	Diabetes	4.9	Gender	용	LPNs	6.9
Other Services	No	Respiratory	1.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	26.2	Male	42.6	Aides, & Orderlies	42.5
Mentally Ill	No			Female	57.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	211	47	95.9	111	1	100.0	120	6	100.0	163	0	0.0	0	0	0.0	0	59	96.7
Intermediate				1	2.0	69	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	2.0	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		49	100.0		1	100.0		6	100.0		0	0.0		0	0.0		61	100.0

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:	<u>'</u>	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	9.7	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	8.1	Bathing	0.0		75.4	24.6	61
Other Nursing Homes	3.2	Dressing	23.0		52.5	24.6	61
Acute Care Hospitals	77.4	Transferring	32.8		42.6	24.6	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	32.8		44.3	23.0	61
Rehabilitation Hospitals	0.0	Eating	72.1		11.5	16.4	61
Other Locations	1.6	*****	*****	*****	*****	*****	* * * * * * * * *
otal Number of Admissions	62	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	į	Indwelling Or Extern	al Catheter	9.8	Receiving Resp	iratory Care	6.6
Private Home/No Home Health	21.5	Occ/Freq. Incontinen	t of Bladder	24.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.0			19.7	Receiving Suct	ioning	0.0
Other Nursing Homes	12.3	-			Receiving Osto	my Care	1.6
Acute Care Hospitals	1.5	Mobility			Receiving Tube	Feeding	3.3
Psych. HospMR/DD Facilities	1.5	Physically Restraine	ed.	3.3	Receiving Mech	anically Altered Diets	32.8
Rehabilitation Hospitals	0.0					_	
Other Locations	3.1 i	Skin Care			Other Resident C	haracteristics	
Deaths	40.0 i	With Pressure Sores		3.3	Have Advance D	irectives	67.2
otal Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	65 i				Receiving Psyc	hoactive Drugs	26.2

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	62.0	80.8	0.77	84.0	0.74	84.0	0.74	87.4	0.71
Current Residents from In-County	63.9	73.7	0.87	80.7	0.79	76.2	0.84	76.7	0.83
Admissions from In-County, Still Residing	25.8	19.8	1.31	21.5	1.20	22.2	1.16	19.6	1.31
Admissions/Average Daily Census	101.6	137.9	0.74	135.6	0.75	122.3	0.83	141.3	0.72
Discharges/Average Daily Census	106.6	138.0	0.77	137.2	0.78	124.3	0.86	142.5	0.75
Discharges To Private Residence/Average Daily Census	44.3	62.1	0.71	62.4	0.71	53.4	0.83	61.6	0.72
Residents Receiving Skilled Care	96.7	94.4	1.02	94.8	1.02	94.8	1.02	88.1	1.10
Residents Aged 65 and Older	82.0	94.8	0.86	94.5	0.87	93.5	0.88	87.8	0.93
Title 19 (Medicaid) Funded Residents	80.3	72.0	1.12	71.9	1.12	69.5	1.16	65.9	1.22
Private Pay Funded Residents	9.8	17.7	0.56	17.4	0.57	19.4	0.51	21.0	0.47
Developmentally Disabled Residents	4.9	0.8	6.26	0.6	8.41	0.6	7.77	6.5	0.76
Mentally Ill Residents	41.0	31.0	1.32	31.8	1.29	36.5	1.12	33.6	1.22
General Medical Service Residents	26.2	20.9	1.26	21.1	1.24	18.8	1.39	20.6	1.28
Impaired ADL (Mean)	45.6	45.3	1.01	47.6	0.96	46.9	0.97	49.4	0.92
Psychological Problems	26.2	56.0	0.47	57.6	0.46	58.4	0.45	57.4	0.46
Nursing Care Required (Mean)	5.9	7.2	0.82	7.8	0.76	7.2	0.83	7.3	0.81